<015> St <020> Pr <030> Cc <035> Cc <039> Cc <110> FC <111> Fill <112> W	ling Carrier Name /inning Bidder Carrier Name reet Address (or PO Box) ty ate	in data line <030> 6105356474 ext.	
<015> St <020> Pr <030> Cc <035> Cc <039> Co <110> FO <111> Fill <112> W <113> St	udy Area Name rogram Year contact Name - Person USAC should contact regarding this contact Telephone Number - Number of person identified contact Email Address - Email Address of person identified contact Email Addres	Texas 10, LLC 2018 s data Chad Strausbaugh din data line <030> 6105356474 ext. din data line <030> cstrausbaugh@cellonenation.com 7235110 Pexas 10, LLC	
<015> St <020> Pr <030> Cc <035> Cc <039> Cc Reporting Can <110> FO <111> Fil <112> W <113> St	udy Area Name rogram Year contact Name - Person USAC should contact regarding this contact Telephone Number - Number of person identified contact Email Address - Email Address of person identified contact Email Addres	2018 S data Chad Strausbaugh d in data line <030> 6105356474 ext. d in data line <030> cstrausbaugh@cellonenation.com 7235110 Pexas 10, LLC	
<030> Cc <035> Cc <039> Cc <110> FC <111> Fil <112> W <113> St	ontact Name - Person USAC should contact regarding this portact Telephone Number - Number of person identified ontact Telephone Number - Number of person identified ontact Email Address - Email Address of person identified ontact Email Address - Email Address of person identified on the contact Email Address - Email Address of person identified on the contact Email Address - Email Address of person identified on the contact Email Address - Email Address of person identified on the contact Email Address - Email Address of person identified on the contact Email Address - Email Address of person identified on the contact Email Address - Email Address of person identified on the contact Email Address - Email Address of person identified on the contact Email Address - Email Address of person identified on the contact Email Address - Email Address of person identified on the contact Email Address - Email Address of person identified on the contact Email Address - Email Address of person identified on the contact Email Address - Email Address - Email Address of person identified on the contact Email Address - Email Address	S data Chad Strausbaugh d in data line <030> 6105356474 ext. d in data line <030> cstrausbaugh@cellonenation.com 7235110 Pexas 10, LLC	
<035> Cc <039> Co Reporting Car <110> FC <111> Fil <112> W <113> St	ontact Telephone Number - Number of person identified ontact Email Address - Email Address of person identified ontact Email Address - Email Address of person identified on the first of t	din data line <030> 6105356474 ext. din data line <030> cstrausbauqh@cellonenation.com 7235110 Pexas 10, LLC Peras 10, LLC Peras 10, LLC	
<039> Cc Reporting Car <110> FC <111> Fil <112> W <113> St	rrier / Mobility Fund Phase 1 Winning Bidder CC Registration Number Ling Carrier Name Inning Bidder Carrier Name Innet Address (or PO Box) ty atte	d in data line <030> cstrausbauqh@cellonenation.com 7235110 Pexas 10, LLC Pexas 10, L	
Reporting Car <110> FC <111> Fil <112> W <113> St	rrier / Mobility Fund Phase 1 Winning Bidder CC Registration Number Ling Carrier Name Inning Bidder Carrier Name Lineet Address (or PO Box) ty Late	.7235110 Pexas 10, LLC Pexas 10, LLC Proof West Valley Road, Suite 600	
<110> FC <111> Fil <112> W <113> St	CC Registration Number ling Carrier Name dinning Bidder Carrier Name creet Address (or PO Box) ty ate	Pexas 10, LLC Pexas 10, LLC Roow West Valley Road, Suite 600 Rayne	
<111> Fil <112> W <113> St	ling Carrier Name Inning Bidder Carrier Name Inneet Address (or PO Box) Ity Ity Itatian	Pexas 10, LLC Pexas 10, LLC Roow West Valley Road, Suite 600 Rayne	
<112> W <113> St	rinning Bidder Carrier Name rreet Address (or PO Box) rety wate	Cexas 10, LLC 200 West Valley Road, Suite 600 Gayne	
<112> W <113> St	rinning Bidder Carrier Name rreet Address (or PO Box) rety wate	Cexas 10, LLC 200 West Valley Road, Suite 600 Gayne	
<113> St	reet Address (or PO Box) ty tate	000 West Valley Road, Suite 600	
	ty rate	ayne	
<1142 CI	ate		
-11F. C+		24	
	p-Code 1		
	-tankana Nijakan	.9087	
		105356474 ext.	
		106885209	
<119> Er	mail Address	strausbaugh@cellonenation.com	
	same as above, indicate in this box		
	-	Chad Strausbaugh	
		Texas 10, LLC	
		900 West Valley Road. Suite 600	
<123> Ci	<u>-</u>	ayne	
	rate <u>P.</u>	A	
<125> Zi	p-Code <u>1</u>	9087	
<126> Te	elephone Number <u>6</u>	105356474 ext.	
<127> Fa	ax Number 6	106885209	
<128> Er	mail Address c	strausbaugh@cellonenation.com	
	gent Information no agent, indicate in this box		
<130> Na	ame (First, MI, Last, Suffix)		
<131> Co	ompany		
<132> St	treet Address (or PO Box)		
<133> Ci	ity		
	tate		
	p-Code		
	elephone Number		
	ax Number		
<138> Er	mail Address		

(060) Coverage and Performance Report FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8	.85
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<010>	Study Area Code	448034
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	

448034_CPRd_TX.zip

Coverage and Performace attachments

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> <141> Total Certify that Road Road Road Miles per Miles Coverage and Resident **Total Resident** Miles Performance data Census covered Population Block is uploaded Resident Population per per Population per Newly Reached Reached by Census Newly Census (Yes/no) State County Census Block Census Block by Service Service Block Reached Block -- \$ee attached worksheet

Percentage of Total
Population Reached by Service

O
Percentage of Total
Road Miles covered
by Service

		
(070) Urban Rate Comparability Certification Cor	inliance	FCC Form 690
for all appropries combanability certification cor	iphonec	. 39. 3711 923
		Approved by OMB
		rppi cited by Cliff
		OMB Control No. 3060-1185
		OWB COILI OF 140, 3000-1103
		Page 4 of 8
		rage 4 ULO

<010>	Study Area Code	448034
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

(Certification of Officer or E	mployee as to Compliance with 47 CF	R §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texa	as 10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/29/2018	
Printed name of Authorized Officer:	Chad Strausbaugh			
Fitle or position of Authorized Officer:	Staff Counsel			
Felephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	448034	Filing Due Date for this form:	07/02/2018	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
	orting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the repo	and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
ignature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
itle or position of Authorized Officer or Employee:	
elephone number of Authorized Officer or Employee:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:
<u> </u>	inished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment
Persons willfully making false statements on this form can be	inished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 99 502, 503(b), or fine or imprisonment inder Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier				
	d to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on			
data provided by the reporting carrier; and, to the best of my	knowledge, the information reported herein is accurate.			
Jame of Reporting Carrier:				
Jame of Authorized Agent Firm:				
ignature of Authorized Agent or Employee of Agent:	Date:			
lame of Authorized Agent Employee:				
itle or position of Authorized Agent or Employee of Agent				
elephone number of Authorized Agent or Employee of Agent:				
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:			

080) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448034	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding t		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie			
<039>	Contact Email Address - Email Address of person identifi	ied in data line <030	cstrausbaugh@cellonenation.	com
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Doc	ument (.pdf)	
	If your company serves Tribal lands, please select (Yes, Neach of these boxes to confirm the status described on t PDF, on line 145, demonstrates coordination with the Trigovernment pursuant to § 54.1004 includes:	he attached	ior	
<146>	Needs assessment and deployment planning with a focu		Select (es, No, Not Applicable)	
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
		-		
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processes			

<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690 Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	448034
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	453611.80
<203>	Total Mobility Fund Support Disbursed	434922.99
<210>	Actual Completion Date	08/04/2015
	Thetaal completion but	00/04/2013
<211>	Project Status Description (attached)	448034_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	√
<213>	Status of Network Deployment - Construction	1
<214>	Status of Network Deployment - Deployment	→
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	
<217>	Project Plan Status	<i>•</i>
<218>	Network will Support 3G/4G Mobile Service ?) 3G

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AND ACTUAL DATA TO THE CONTRACT OF THE CONTRAC		
(Most Causificantian Committee Courter		FCC Form 690
(101) Certification - Reporting Carrier		rcc roiin 050
E de la companya del companya de la companya de la companya del companya de la companya del la companya de la c		
		Approved by OMB
		White and City 1
		OMB Control No. 3060-1185
		Offic Control no. 3000 1103
		n7_f0
Proceedings of the control of the co		Page 7 of 8

<010>	Study Area Code	448034
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

	racy of the Data Reported for Mobility Fund Recipients bilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the
best of my knowledge, the information reported on this form an	
Name of Reporting Carrier: Texas 10, LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/29/2018
Printed name of Authorized Officer: Chad Strausbaugh	
itle or position of Authorized Officer:	
elephone number of Authorized Officer: 6105356474 ext.	
itudy Area Code of Reporting Carrier: 448034	Filing Due Date for this form: 07/02/2018
	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier FCC Form 690	1999 C. L. S.
(102) Certification - Agent / Carrier	AND THE RESERVE OF THE PARTY OF
	CONTROL OF THE PROPERTY.
Approved by OMB	
	2.22
OMB Control No. 3060-1	185
Page 8 of 8	

<010>	Study Area Code	448034
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; n agent; and, to the best of my knowledge, the reports and	ny responsibilities include ensuring the accuracy of the data repor	nformation reported on behalf of the reporting carrier. I rting requirements provided to the authorized
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:		Date:
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to	File for Mobility Fund Recipients on Behalf of Re	eporting Carrier
as agent for the reporting carrier, certify that I am authorized to eported herein based on data provided by the reporting carrier; a		
ame of Reporting Carrier:		
ame of Authorized Agent Firm:		
gnature of Authorized Agent or Employee of Agent:		Date:
ame of Authorized Agent Employee:		
itle or position of Authorized Agent or Employee of Agent		
elephone number of Authorized Agent or Employee of Agent:		
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

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а	и	ю	v	w		٠.	v	A.	w	13	ч	٧.	v.	ж.	41	æ	м	М.	N.	ς,		u	•	ж.	1	ч	о,	74	σ,	S.	13	ч	м		æ.	Жĸ	

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448034
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d><c3> <d>< Certify that **Total Road** Coverage and **Road Miles** Resident Total Resident Miles Performacne per Census Population **Road Miles** covered per Resident Population data is uploaded Block Newly per Census **Newly Reached** Census Block Population per Reached by (yes/no) by Service Reached State County Census Block Census Block Service Block San Augustine 0000 0.0 Yes 0 0 0.0 TX0.0

> Percentage of Total Population Reached by Service

0		

Percentage of Total Road Miles covered by Service

٥			

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 448034

County/State: San Augustine, TX
Total Award Amount: \$453,611.80

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

			FCC Form	
Mobility	Fund		Approved by OMB	,
•	§54.1009 Annual Reporting		OMB 3060-1185	,
	ection Form		Avg. Burden Estimate per Respondent: 18 Hours	
Data COI	ection rotti			_
<010>	Study Area Code	448035		
	Study Area Name	Texas 10, LLC	Accepted / Fil	_ <u>e</u> d
<020>	Program Year	2018		
	Contact Name: Person USAC should contact	Chad Strausbaugh	JUN 2 9 2018	-
	with questions about this data		Federal Communications Comm	nissio
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Office of the Secretary	_
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
3630, 350				_
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file		(041) <040> (O41)	٦
	<042> Cite the Study Area Code (SAC) for the Fo		<042>	
<080>	Tribal Lands Reporting {y/n?} (Does this study area cov	er tribal lands? Yes or No)	\circ	

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form	618		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448035	
<015>	Study Area Name	- Nation	Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	W-rp - W
<035>	Contact Telephone Number - Number of person identif		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identi	fied in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	900 West Valley Roa	ad. Suite 600	
		Wayne		
<114>	City			
<115>	State	PA		
<116>	Zip-Code	19087		-
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cello	nenation.com	
<120> <121> <122> <122> <123> <124> <125> <126> <127> <126> <127> <128>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address	Chad Strausbauch Texas 10, LLC 900 West Valley Ros Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cellor		
	ed Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix)			
<130>				
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

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<010>	Study Area Code	448035
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	

	448035_CPRd_TX.zip	
Coverage and Performace attachments		

<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
	State	County		Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				(ee attach	ed works	heet			

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(U/O) Orban nate Companionity Certification Companies	CC Form 690 pproved by OMB
	MB Control No. 3060-1185 age 4 of 8

<010>	Study Area Code	448035
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	Certification of Officer or En	nployee as to Compliance with 47	CFR §54.1009(a)(4)	
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texa	s 10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE		,	Date 06/29/2018
Printed name of Authorized Officer:	Chad Strausbaugh			M. T.
Fitle or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.	4000	<u></u>	
Study Area Code of Reporting Carrier:	448035	Filing Due Date for this form:	07/02/2018	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize	an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the repor	ting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports a	and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Fitle or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be pun und	ished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment er Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authoriz	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am authori	zed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or
data provided by the reporting carrier; and, to the best of m	y knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Ager	nt:
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

,	il Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		448035	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding the		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie	ed in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	ed in data line <030>	cstrausbaugh@cellonenation.com	
<142>	State			
-1.40	Country			
<143>	County -			
<144>	Tribal Land(s) on which ETC Serves			
\144>	-			
	Tribal Government Engagement Obligation			
4.45	Tribal Government Engagement Obligation			
<145>		Name of Attached Docum	/	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		(Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	(3),13)
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448035
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	51966.00
<203>	Total Mobility Fund Support Disbursed	51950.41
<210>	Actual Completion Date	07/29/2015
<211>	Project Status Description (attached)	448035_PSD_TX.pdf
		{Name of PDF attached}
<212>	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	1
<216>	Project Budget Status	√
<217>	Project Plan Status	1
<218>	Network will Support 3G/4G Mobile Service ?) 3G

101) Certification - Reporting Carrier FCC Form 690	
	AND THE STATE OF T
Assessment to Other	• C.
Approved by OMI	
OMB Control No.	3060-1125
Oing Child No.	3000 4403
	CONTRACTOR STATE OF THE STATE O
Page 7 of 8	1 5 7 H 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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<010>	Study Area Code	448035
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Texas 10, LLC

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/29/2018

Printed name of Authorized Officer:

Chad Strausbaugh

Title or position of Authorized Officer:

Staff Counsel

Telephone number of Authorized Officer:

6105356474 ext.

Study Area Code of Reporting Carrier:

448035

Filing Due Date for this form: 07/02/200

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier FCC Form 690 Approved by OMB	
OMB Control No. 3060-118	
Page 8 of 8	

<010>	Study Area Code	448035
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbauch@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Dat	te:		
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier				
l, as agent for the reporting carrier, certify that I am authoreported herein based on data provided by the reporting o	orized to submit the reports for Mobility Fund recipients on behalt carrier; and, to the best of my knowledge, the information report	of the reporting carrier; I have provided the data ed herein is accurate.		
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:		Date:		
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Agent				
Telephone number of Authorized Agent or Employee of Ag	gent:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

Attachments

(060) Coverage and Performance Report Approved by OMB OMB Control No. 3060-11	185

<010>	Study Area Code	448035
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

<141>

State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
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	Augustine	ļ			0	0.0	0.0		
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Percentage of Total
Percentage of Total
Road Miles covered
by Service

Service

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 448035

County/State: San Augustine, TX Total Award Amount: \$51,966.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

1	Fund - §54.1009 Annual Reporting Election Form		Avg. Burden	FCC Form Approved by OMB OMB 3060-1185 Estimate per Respondent: 18 Hours
	Study Area Code	448036		
	Study Area Name	Texas 10, LLC		
<020>	Program Year	2018		Accepted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		JUN 2 9 2018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		office of the Secretary
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file <042> Cite the Study Area Code (SAC) for the Fo	ed with the Form 481 reporting	<041> <040> <041> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042> <042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Car	rler Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185
				Page 2 of 8
<010>	Study Area Code		448036	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding the		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identific	ed in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filias Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	-		
<113>		Texas 10, LLC	1 0 1 0 00	
<114>		900 West Valley Roa	ad, Suite 600	
<115>	Short-	Wayne		
		PA		
<116>	-	19087		
<117>		61053 56474 ext .		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cellon	nenation.com	
Contact In	nformation			
.4.20	if same as above, indicate in this box			
<120>		Chad Strausbaugh		
<121>		Texas 10, LLC		
<122>	Street Address (or PO Box)	900 West Valley Road	d_Suite 600	
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code 1	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellone	eration dom	
	_	eseradabadgnacerrone	STACTOIT. COM	
Authorized	d Agent Information			
400	if no agent, indicate in this box			
	Name (First, MI, Last, Suffix)			
<131>	Company		War. How	
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number	-		
<138>	Email Address			
	_			

(060) Co	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448036	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2017 - 07/2018		
	448036_CPRd Coverage and Performace attachments	TX.zip	

State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance is uploaded (Yes/no)
			(ee attach	ed worksl	neet			
]	0			1	0		
	Populatio	age of Total n Reached by ervice			Percentage o				

<010>	Study Area Code	448036
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	Certification of Officer or E	nployee as to Compliance with 47 CFR §54.1009(a)(4)		
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texa	s 10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/29/2018		
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	448036	Filing Due Date for this form: 07/02/2018		
Persons willfully making false statemer		fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 8 of the United States Code, 18 U.S.C. § 1001.		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the repo	orting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports	and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Fitle or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

I, as agent for the reporting carrier, certify that I am authorize	ed to submit the certification on behalf of the reporting carrier; I h	ave provided the data reported herein based or
data provided by the reporting carrier; and, to the best of m		
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:	, , , , , , , , , , , , , , , , , , , ,	
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Agen	:	
Study Area Code of Reporting Carrier:	. Filing Due Date for this form:	

(080) Triba	l Lands Reporting			FCC Form 690 Approved by OMB
				OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448036	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding the	nis data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie			
<039>	Contact Email Address - Email Address of person identific	ed in data line <	U3U> cstrausbaugh@cellonenation.co	OM
<142>	State			
1212	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
	-			
			-	
<145>	Tribal Government Engagement Obligation			
		Name of Attached	Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, f	No, Not Applicab	ole) for	
	each of these boxes to confirm the status described on t			
	PDF, on line 145, demonstrates coordination with the T government pursuant to § 54.1004 includes:	праг		
	government pursuant to 3 34,2004 metades.			
			Select	
			(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a foo	us on Tribal		
	community anchor institutions;			
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			

Compliance with Cultural Preservation review processes

<154> Compliance with Tribal Business and Licensing requirements.

<153>

(090) Projec	t Update Information	,	CC Form 690 Approved by OMB OMB Control No. 3060-1185
		P	age 6 of 8
<010s	Churchy Aven Code		
<010> <015>	Study Area None	448036	
<020>	Study Area Name Program Year	Texas 10, LLC	<u> </u>
<030>		2018	
<035>	Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>	Chad Strausbau	
<039>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext	
	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@c	cellonenation.com
<200>	Date Authorized to Receive Support	08/16/201	3
<201>	Targeted Completion Date	08/17/2015	5
<202>	Total Mobility Fund Support Awarded	397124.92	
<203>	Total Mobility Fund Support Disbursed	377585.90	
<210>	Actual Completion Date	08/13/201	.5
<211>	Project Status Description (attached)	448036_PS	D_TX.pdf
			ļ
		Name of	PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	[Name of	or accountag
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information		
	shall be submitted as appropriate.		
<212>	Status of Network Deployment - Network Design	_	
<213>	Status of Network Deployment - Construction	· -	
<214>	Status of Network Deployment - Deployment		
<215>	Status of Network Deployment - Maintenance	7	
<216>	Project Budget Status	√	
<217>	Project Plan Status		
<218>	Network will Support 3G/4G Mobile Service ?	3G (4G

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.01) Certification - Reporting Carrier FCC Form 690	ACT (1867) 1867 (1868)
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Page 7 of 8	A THE RESERVE OF THE PARTY OF T
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<010>	Study Area Code	448036
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Texas 10, LLC Name of Reporting Carrier:

CERTIFIED ONLINE Signature of Authorized Officer:

Date 06/29/2018

Printed name of Authorized Officer:

Chad Strausbaugh Staff Counsel

Title or position of Authorized Officer: Telephone number of Authorized Officer:

6105356474 ext.

448036

Study Area Code of Reporting Carrier:

Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

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(102) Certification - Agent / Carrier FCC Form 690	等數學學表示不完了於於於數理。
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Page 8 of 8	
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<010>	Study Area Code	448036
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstraushaudh@cellonemation_com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carr
also certify that I am an officer of the reporting carrier; magent; and, to the best of my knowledge, the reports and	ponsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Behalf of Re	porting Carrier
	orized to submit the reports for Mobility Fund recipients on behalt carrier; and, to the best of my knowledge, the information reporte	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
lame of Authorized Agent Employee:		
itle or position of Authorized Agent or Employee of Agen	t	
elephone number of Authorized Agent or Employee of A	gent:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

(060) Coverage and Performance Report

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448036
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

<a1> <a2> <a3> <b1> <b2> <c1> <c2> <c3> <b1</p> Certify that **Total Road** Coverage and Road Miles Resident Total Resident Miles Performacne Population **Road Miles** per Census Resident Population covered per data is uploaded Block Newly **Newly Reached** Population per Reached by per Census Census Block (yes/no) by Service Reached State County Census Block Census Block Service Block San Augustine 0000 0 0.0 Yes 0 ТX 0.0 0.0

> Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 448036

County/State: San Augustine, TX Total Award Amount: \$397,124.42

To date, Texas 10, LLC has completed construction, and deployed its network in at least **Project Description** 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

1	Fund - §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours			
<010>	Study Area Code	448037				
<015>	Study Area Name	Texas 10, LLC	Accepted / Filed			
<020>	Program Year	2018	## 2 0 2010			
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	JUN 2 9 2018			
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Federal Communications Commission Office of the Secretary			
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com				
<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filling (Y/N) <040>						
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>			
	<042> Cite the Study Area Code (SAC) for the For	rm 481 reporting	<042>			

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

 <015> St <020> Pr <030> Co <035> Co <039> Co <031> Fi <111> Fi <112> W <113> St <114> Ci <115> St <116> Zi <117> Te <118> Fe 	ling Carrier Name //inning Bidder Carrier Name treet Address (or PO Box) ity tate	d in data line <030> 6105356474 ext.
<020> Pr <030> Co <035> Co <035> Co <039> Co <110> Fi <111> Fi <112> W <113> St <114> Ci <115> St <116> Zi <117> Te <118> Fi	rogram Year ontact Name - Person USAC should contact regarding the ontact Telephone Number - Number of person identified ontact Email Address - Email Address of person identified ontact Email Address - Email Address of person identified ontact Email Address - Email Address of person identified ontact Email Address - Email Address of person identified ontact Email Address - Email Address of person identified ontact Email Address - Email Address of person identified ontact Email Address - Email Address of person identified ontact Email Address - Email Address of person identified ontact Email Address - Email Address of person identified ontact Email Addr	is data Chad Strausbaugh d in data line <030> 6105356474 ext. d in data line <030> cstrausbaugh@cellonenation.com 17235110 Texas 10, LLC Pexas 10, LLC 1900 West Valley Road, Suite 600
<030> Co <035> Co <035> Co <039> Co <110> Fo <111> Fi <112> W <113> St <114> Ci <115> St <116> Zi <117> Te <118> Fa	ontact Name - Person USAC should contact regarding the ontact Telephone Number - Number of person identified ontact Email Address - Email Address of person identified ontact Email Address - Email Address of person identified ontact Email Address - Email Address of person identified ontact Email Address - Email Address of person identified ontact Email Address - Email Address of person identified ontact Email Address - Email Address of person identified ontact Email Address - Email Address of person identified ontact Email Address (or PO Box) In the contact Telephone Number - In the contact Email Address of person identified ontact Email Address of per	is data Chad Strausbaugh d in data line <030> 6105356474 ext. ed in data line <030> cstrausbaugh@cellonenation.com 17235110 Texas 10, LLC Pexas 10, LLC 1900 West Valley Road, Suite 600
<035> Co <039> Co <099> Co <110> Fo <111> Fi <112> W <113> St <114> Ci <115> St <116> Zi <117> Te <118> Fa	ontact Telephone Number - Number of person identifier ontact Email Address - Email Address of person identifier rrier / Mobility Fund Phase 1 Winning Bidder CC Registration Number Illing Carrier Name Jinning Bidder Carrier Name treet Address (or PO Box) ity tate	d in data line <030> 6105356474 ext. d in data line <030> cstrausbaugh@cellonenation.com 17235110 Texas 10, LLC Texas 10, LLC 1900 West Valley Road, Suite 600
<039> Co Reporting Ca <110> Fo <111> Fi <112> W <113> St <114> Ci <115> St <116> Zi <117> Te <118> Fa	ontact Email Address - Email Address of person identifie rrier / Mobility Fund Phase 1 Winning Bidder CC Registration Number diling Carrier Name /inning Bidder Carrier Name treet Address (or PO Box) ity tate	rd in data line <030> cstrausbaugh@cellonenation.com 17235110 Texas 10, LLC Texas 10, LLC 900 West Valley Road, Suite 600
Reporting Ca	rrier / Mobility Fund Phase 1 Winning Bidder CC Registration Number Illing Carrier Name Vinning Bidder Carrier Name treet Address (or PO Box) ity tate	17235110 Texas 10, LLC Texas 10, LLC 900 West Valley Road, Suite 600
<111> Fi <112> W <113> St <114> Ci <115> St <117> Te <118> Fa	lling Carrier Name //inning Bidder Carrier Name treet Address (or PO Box) ity tate	Texas 10, LLC Texas 10, LLC 900 West Valley Road, Suite 600
<112> W <113> St <114> Ci <115> St <117> Te <118> Fa	Vinning Bidder Carrier Name treet Address (or PO Box) ity tate	Texas 10, LLC 900 West Valley Road, Suite 600
<113> St <114> Ci <115> St <116> Zi <117> Te <118> Fa	treet Address (or PO Box) ity tate	900 West Valley Road, Suite 600
<114> Ci <115> St <116> Zi <117> Te <118> Fa	ity rate r	
<115> St <116> Zi <117> Te <118> Fa	tate	Wayne
<116> Zi <117> Te <118> Fa		
<117> Te	_	PA
<117> Te	ip-Code 1	19087
<118> Fa	olonhono Numbor	6105356474 ext.
<119> Er	ax Number	et all the control of
	mail Address	6106885209
	<u>-</u>	cstrausbaugh@cellonenation.com
<120> Ni <121> Fi <122> St <123> Ci <124> St <125> Zi <126> Te <127> Fa	same as above, indicate in this box ame (First, MI, Last, Suffix) ling Carrier Name treet Address (or PO Box) ity tate p-Code elephone Number ax Number	thad Strausbaudh Pexas 10, LLC 100 West Valley Road. Suite 600 Payne 108 19087 105356474 ext. 106885209 strausbaugh@cellonenation.com
	gent Information no agent, indicate in this box	
<130> Na	ame (First, MI, Last, Suffix)	
<131> Co	ompany	
<132> St	reet Address (or PO Box)	
<133> Ci	ity	
<134> St	rate	
	p-Code	
	elephone Number	
	ax Number	
	mail Address	
/120> FL	IIIII AUGI ESS	

(060) Co	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448037	480
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2017 - 07/2018		
	448037_CPRd	_TX.zip	

Coverage and Performace attachments

Percentage of Total

Population Reached by Service

<a1>_</a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<d>></d>	<d>></d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance is uploaded (Yes/no)
			-1117						
			(See attach	ed works	heet			

Percentage of Total

by Service

Road Miles covered

	(070) Urban Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
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<010>	Study Area Code	448037
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

		mployee as to Compliance with 47	C/ N 354.1005(a)(4)	
l certify that I am an officer or employee o form and in any attachments is accurate.	f the reporting carrier; my resp	onsibilities include ensuring compliance	with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier: Texa	as 10, LLC			Modifier or
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/29/2018
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	448037	Filing Due Date for this form:	07/02/2018	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

ile Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
abmit the certification on behalf of the reporting carrier; I have provided the data reported herein based or edge, the information reported herein is accurate.
Date:
Filing Due Date for this form:
SU

80) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448037	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding thi	s data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified	in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified	d in data line <030>	cstrausbaugh@cellonenation.com	
<142>	State _			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docum	ent (.pdf)	
	If your company serves Tribal lands, please select (Yes, No each of these boxes to confirm the status described on th PDF, on line 145, demonstrates coordination with the Tri government pursuant to § 54.1004 includes:	e attached		

<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Select (Yes, No, Not Applicable)
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	-
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	t Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	448037
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	225000.00
<203>	Total Mobility Fund Support Disbursed	222817.50
		-
<210>	Actual Completion Date	
\210>	Actual Completion Date	08/13/2015
<211>	Project Status Description (attached)	448037_PSD_TX.pdf
	, , ,	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
-242	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	<u> </u>
<213>	Status of Network Deployment - Construction	<u> </u>
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	<u> </u>
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?) 3G

(101) Certification - Reporting Carrier FCC Form 690	
(101) Certification - Reporting Carrier FCC Form 690	AND STREET STREET, STREET STREET
Approved by OM	
Approved by Olivi	
OMB Control No.	3060-1185
	Carl Mark Charles and Carl Carl
7.10	
Page 7 of 8	

<010>	Study Area Code	448037
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the pest of my knowledge, the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier: Texas 10	, LLC				
Signature of Authorized Officer:	ERTIFIED ONLINE			Date 06/29/2018	
Printed name of Authorized Officer:	nad Strausbaugh				
Title or position of Authorized Officer:	Staff Counsel				
Telephone number of Authorized Officer:	6105356474 ext.				
Study Area Code of Reporting Carrier:	448037	Filing Due Date for this form:	07/02/2018		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

<010>	Study Area Code	448037
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the rep	
also certify that I am an officer of the reporting carrier; my agent; and, to the best of my knowledge, the reports and d	sponsibilities include ensuring the accuracy of the data reporting requirements provided to the autho a provided to the authorized agent is accurate.	11264
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier				
	orized to submit the reports for Mobility Fund recipients on behalf c carrier; and, to the best of my knowledge, the information reported			
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:		Date:		
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Ager	nt			
Telephone number of Authorized Agent or Employee of A	gent:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this form	can be punished by fine or forfeiture under the Communications Act of 1934, 18 of the United States Code, 18 U.S.C. § 1001.	, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title		

Attachments

	100 100 100 100 100 100	100000000000000000000000000000000000000			A
man	f Owers	00 20/	LUATIA	irmanc	e Report
INNO,		Se am			e ireboir

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448037
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

<a1> <a2> <a5</p>
 <br Certify that **Total Road** Coverage and Resident **Total Resident Road Miles** Miles Performacne Resident Population Population Road Miles per Census covered per data is uploaded Reached by per Census Population per **Newly Reached Block Newly** Census Block (yes/no) State County Census Block Census Block by Service Service Block Reached 0000 Yes TX 0 0 0.0

> Percentage of Total Population Reached by Service

0		

Percentage of Total Road Miles covered by Service

0			

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 448037

County/State: Shelby, TX

Total Award Amount: \$225,000.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

1	Fund §54.1009 Annual Reporting ection Form		Avg. Burd	FCC Form Approved by OMB OMB 3060-1185 en Estimate per Respondent: 18 Hours
<010>	Study Area Code	448038		Accepted / Ellad
<015>	Study Area Name	Texas 10, LLC		Accepted / Filed
<020>	Program Year	2018		JUN 292018
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	Fe	deral Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
-C-7-7-7-7-9-3				
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	(1) <040>	•
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	-
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Cari	ier Contect Form		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	448038	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding th		
<035> <039>	Contact Telephone Number - Number of person identified Contact Email Address - Email Address of person identified	d to does the 2000s	
	Carrier / Mobility Fund Phase 1 Winning Bidder	o in data line <∪3U> cstrausbaugh@cellonena:	107.COM
<110>	FCC Registration Number	.7235110	
<111>	Filing Carrier Name	Cexas 10, LLC	
<112>		Cexas 10, LLC	
<113>		900 West Valley Road, Suite 600	
<114>	-	Jayne	
<115>	-	PA .	
<116>		.9087	
<117>	Tolonhana Number	*** ***	
<118>	Fax Number	105356474 ext.	
<119>	Email Address	106885209	
		strausbaugh@cellonenation.com	
<120> <121> <122>	Filing Carrier Name Street Address (or PO Box)	had Strausbaugh exas 10, LLC 00 West Valley Foad, Suite 600	
<123>	-	ayne	
<124>	State	A	A 100 TO 100
<125>	Zip-Code <u>1</u>	9087	
<126>	Telephone Number	105356474 ext.	
<127>	Fax Number 6	106885209	
<128>	Email Address d	strausbaugh@cellonenation.com	
<u>Authorize</u>	d Agent Information if no agent, indicate in this box		
<130>	Name (First, MI, Last, Suffix)		· · · · · · · · · · · · · · · · · · ·
<131>	Company		
<132>	Street Address (or PO Box)		
<133>	City		
<134>	State		
<135>	Zip-Code		
<136>	Telephone Number		
<137>	Fax Number		<u></u>
<138>	Email Address	,	
	_		

(060) Coverage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448038
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	
	448038_CPRd	TX.zip

Coverage and Performace attachments

<a1> <a2> <a3> <b1> <b2> <b3> <d>> <141> <c1> <c2> <c3> Total Road Certify that Road Road Miles per Miles Coverage and Resident **Total Resident** Miles Census covered Performance data Resident Population Population Block per is uploaded Population per **Newly Reached** Reached by Census Newly Census (Yes/no) Census Block Census Block State County by Service Service Block Reached Block -- \$ee attached worksheet Percentage of Total Percentage of Total Population Reached by Road Miles covered Service by Service

(070) Urban Rate Comparability Certification Compilance FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
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<010>	Study Area Code	448038
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

l certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.			
Name of Reporting Carrier: Texa	s 10, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/29/2018
Printed name of Authorized Officer:	Chad Strausbaugh		
Fitle or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	448038	Filing Due Date for this form:	07/02/2018

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the reporti	ng carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
suthorized agent; and, to the best of my knowledge, the reports an	d data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Fitle or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
itudy Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am authoriz data provided by the reporting carrier; and, to the best of m	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based o I knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent	:
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

080) Triba	Lands Reporting			FCC Form 690 Approved by OMB
				OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448038	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding t	his data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifi	ed in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif	ied in data line <030>	cstrausbaugh@cellonenation.com	
<142>	State			
-1125	County			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
			•	
<145>	Tribal Government Engagement Obligation			
~143/	mbai Government Engagement Obligation	Name of Attached Docume	ent (.pdf)	
		•		

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690 Approved by OM8 OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448038
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	199620.00
<203>	Total Mobility Fund Support Disbursed	192273.98
<210>	Actual Completion Date	07/24/2015
<211>	Project Status Description (attached)	448038_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	√
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	√
<218>	Network will Support 3G/4G Mobile Service ?) 3G

(101) Certification - Reporting Carrier		d by OMB ntrol No. 3060-1185
<010> Study Area Code	448038	
<015> Study Area Name	Texas 10, LLC	
<020> Program Year	2018	···
<030> Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	77774 1710
- 14h	·	

6105356474 ext.

cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

<035> Contact Telephone Number - Number of person identified in data line <030>

Contact Email Address - Email Address of person identified in data line <030>

<039>

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier: Texas 10, LLC		
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/29/2018	
Printed name of Authorized Officer: Chad Strausbaugh		
Fitle or position of Authorized Officer: Staff Counsel		
Telephone number of Authorized Officer: 6105356474 ext.		
Study Area Code of Reporting Carrier: 448038	Filing Due Date for this form: 07/02/2018	